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THE DEVELOPMENT OF COMMUNICATION SKILLS PROJECT. FINAL REPORT.

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CHILDREN WHO ARE INARTICULATE CAN NOT BENEFIT FROM TRADITIONAL THERAPY METHODS. SINCE THE PRIMARY TOOL OF PSYCHOTHERAPY IS VERBAL COMMUNICATION BETWEEN PATIENT AND DOCTOR, CREATIVE DRAMATICS COULD BE A USEFUL PREPARATION FOR PSYCHOTHERAPY. A NON-CLINICAL TEACHER WHO WAS SKILLFUL AND EXPERIENCED IN CREATIVE DRAMATICS WAS THE GROUP LEADER FOR SIX CHILDREN IN A PROJECT USING CREATIVE DRAMATICS OVER A 42-SESSION PERIOD. IN THE BEGINNING THE TEACHER HAD TO PROVIDE AS MUCH CONCRETE HELP AND IMMEDIATE REWARDS AS POSSIBLE. THE CREATIVE DRAMATICS APPROACH WAS EFFECTIVE IN INCREASING COMMUNICATION SKILLS IN FIVE OF THE SIX CHILDREN. THEY BECAME MORE SPONTANEOUS AND MORE FREE TO EXPRESS THEIR INNER THOUGHTS AND FANTASIES. THE CHILDREN DEVELOPED GREATER FLUENCY AND BECAME INCREASINGLY EMOTIONALLY INVOLVED WITH EACH OTHER. FUTURE PLANS INCLUDE USING CONTROL GROUPS AND A CLINICALLY TRAINED TEACHER TO DIRECT THE PROGRAM OF CREATIVE DRAMATICS. (EB)

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PITTSBURGH CHILD GUIDANCE CENTER

The Development of Communication Skills Project - Final Report

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The Development of Communication Skills Project (DOCS) is an approach to the children who are inarticulate and therefore inaccessible to therapy as traditionally done at the Child Guidance Center. Since the primary tool of psychotherapy is verbal communication between the patient and doctor, it was believed that the use of creative dramatics, which places a high premium on verbal exchange, would be useful as a preparation for the more highly developed skills of the psychiatrist.

Furthermore, evidence has been accumulating that disadvantaged children, those principally from lower socio-economic classes, are especially limited in their capacity to utilize a verbal approach for the resolution of their emotional conflict. These children lack the ability to conceptualize, to generalize, and to plan ahead. Their tendency towards discharge of tension in action again makes it difficult for them to utilize the passive form of psychotherapy in the one-to-one relationship.

This was a pilot project, utilizing a non-clinical teacher as the leader of the children because she had the skills necessary to approach them. The first basic question explored in this study was the feasibility of such a project working in a clinic setting, such as the Child Guidance Center. The second question was how to assess or evaluate the technique itself and its effect upon the children. We were concerned whether a relatively inexperienced teacher, who was not accustomed to working with emotionally disturbed children, would be able to manage children brought to the clinic for specific difficulties in living. We were concerned that the experience would be either frustrating or non-rewarding to the families as well as to the staff, and furthermore, perhaps make future interventions more difficult.

The DOCS Project began its first session with six children on April 28, 1965 and ran for a total of 42 sessions continuously until its termination on August 30, 1965. Our experience with the project may be described as follows: It was found that the project was compatible and practical within the administrative structure and clinical requirements of the Child Guidance Center. It was also accepted by the parents of the children. The staff came to accept them, understand the project, and made referrals to it. There was one technical problem because of the limited criteria set up for the selection of the children, and the selection of a group of children for this project took longer than expected.

Secondly, the group of observers, who were in constant attendance, agreed in their observation that significant behavior changes took place in the children, in fact, far beyond what had been anticipated at the outset. The children became highly verbal, communicated deep feelings and anxieties, and in their fantasy production expressed conflicts which are ordinarily quite difficult to reach even in deep, individual psychotherapy. It became quite clear that this was a powerful technique, which had high potentials,

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not only for remedial therapeutic work, but also as a preventative measure for much younger children who presented these difficulties, but who had not incorporated neurotic symptoms into their personalities so far.

Submitted by

Marvin I. Shapiro, M.D.
Project Director

October 19, 1965

Overview of DOCS Project

(Report of the Creative Dramatics Teacher)

General Description of DOCS Project

The classes for the Development of Communication Skills Project began on April 27, 1965, after six months of preplanning. The children met for two months twice weekly, and later met for two months three times weekly, for a total of 42 sessions. Involved in the program were six children, all described as youngsters who had difficulty communicating. As a group they tended to be shy, inhibited, and introverted. The leader of the group was a creative dramatics teacher, who had experience working with regular and handicapped children, but had not before worked with disturbed youngsters. The group sessions were observed by a child psychiatrist, a social worker, a group worker, a creative dramatics teacher, and, at times, a school principal and other interested personnel. Seminars were held once a week to discuss problems and evaluate progress. The teacher was given expert help and guidance in understanding the dynamics of the group.

From the beginning of the project, it was apparent that this group of children was not reacting to the creative dramatics experience as most children do. The usual techniques for beginning this activity were rejected by the DOCS group. New methods had to be found to stimulate the children to participate. It became more and more evident that these children adapted the techniques of creative dramatics to suit their own needs and problems. To illustrate it would be best to describe the progress of the program by denoting four developmental phases through which the children passed.

Phase I

A. Differences between DOCS group and most children

From the beginning, the behavior of the group differed from that of most children involved in creative dramatics in several important ways. These were frightened, repressed, non-communicating children who were afraid to try the new experience. Of course, there usually are children who feel this way initially in a creative dramatics activity. However, most children relax after one or two sessions and quickly become involved in play. These children, however, remained unusually non-responsive for many weeks. When they finally began to participate, they needed much praise, help, and reward. A second notable difference was their inability to engage in the usual imaginstive play. They needed the stimulation of actual "things" to help them to act; they needed a ball in order to play ball; a "birdie" to play badminton; a ping-pong ball in order to have a game. Their first attempts in activity were not in imaginary play, but in games -- baseball, dodgeball. These were games they knew how to play; games with prescribed rules, which were far "safer" and more predictable than the new and unfamiliar dramatics whose rules were unknown to them. Also, they were unable to show in pantomimic action the simplest activity without "concrete" help. Equally necessary seemed to be the immediate reward that followed performance. For example, the children were asked to pick out a hat, a figure that depicted

an occupation (a boxer, a postman, an ice skater, a newsboy, etc.), and then show this occupation through pantomime. They were able to do this using the figure as a model and stimulus; however, they then wanted to take the object home. This was usually the case, whether the object had any monetary value or not.

Another difference between these children and most normal children was their use of space. While most children prefer to push chairs and tables out of their way to get into active play, these children seemed to be more comfortable sitting around a table. They were not even comfortable sitting on chairs in a semi-circle. They were extremely reluctant to get up and perform, either as individuals or as a group. Their performances, too, showed rigidity in the tight constricted manner in which they moved.

Another difference between the DOCS children and most children was the ability to work together as a group. Most children can engage in group activity from the first or second session; these children were almost immobilized for such a long time that group cohesion formed slowly. Their initial hesitancy and shyness had to be dissipated before any real group action could be undertaken.

B. <u>New methods of approaching DOCS children</u>

The DOCS group continued to reject the tools for dramatics for a long time. While most children enjoy pantomime to music, rhythmic imaginative play, and imaginings, these children participated only minimally, even minutely. One child complained, "I don't have any imagination." Because the usual procedures were not working, new ones had to be found. The first procedural change, already mentioned, was to provide them with as much concrete help and immediate reward as possible. Another idea was to ask the children to write words or ideas on a piece of paper, either to be pantomimed, or to make a story. At first this was a game, and the ideas were pantomimed and guessed by the others. Then these ideas were used to construct nonsense stories. Finally useable themes (sometimes reconstructed TV plots) began to emerge, and these were used as a basis for dramatics. Another device was to use pictures with strong emotional content. Stories were made up about the characters in the pictures and these were played out. These devices are "crutches" that most children do not seem to need.

This first phase of the program, then, was characterized by the rigidity which the children showed and their reluctance to act. In a sense, this was a testing and a "warm-up" period.

<u>Phase II</u>

The second phase began with a successful dramatization of a cowboy story. The children had written "clues" on paper and had contrived a good guy-bad buy theme. This was played out in a wild, disorganized way. Concrete objects were used for guns, tables were overturned to make hiding places, coats were turned inside out to become disguises. There was little dialogue, much action, little preplanning, or evaluating. This first dramatization launched the second phase which was characterized at first by themes pitting group against group, and later, by reality themes. For example, the first themes were usually from TV stories: Thrush agents

against Man from Uncle; outlaws against the sheriff and his men; Dr. Quest and his men against the Communists. These stories were played superficially and with much wild action and movement; there was no real involvement or strong emotional content. Whereas most children would have suggested fantasy characters (kings, witches, evil spirits) at this point, the DOCS children demanded reality. Consequently, following the "television phase" we had real-life dramas. Themes centered around arguments between husband and wife, mother and child; murder, divorce, infidelity, desertion, revenge, and abortion -- these themes constituted the material for play. Again, the children depended upon concrete objects for stimulation, rather than using their imaginations. Rings were nails in the table top; scraps of paper represented money, tickets, court room evidence; egg beaters were TV cameras; a hot plate became a lie detector set; and an assortment of pots, pans, and silverware made a radar screen. Although most children use props to some extent, the degree to which it seemed to be necessary for action was unusual with the DOCS children. They even found it difficult to pantomime using a telephone. They wanted to use the real thing.

This second phase was chiefly characterized by the children's willingness to participate. They depended upon props, used reality themes and were beginning to work together as a team. Although there was some pre-planning, there was little character analysis ("trying on" characters, as is usual in creative dramatics), and little evaluation. However, real progress was made because the children were beginning to show total involvement in play with strong emotions. This was in marked contrast to the way they began this phase, when they were more concerned with action rather than emotion.

Phase III

In the third month of the program the play became less wild and disruptive, more settled, with long, drawn-out, elaborate dramatic play on a single theme. A recurring pattern began to emerge. Gradually, through role, the children began to direct their hostility toward the teacher. No matter what the initial plan for a theme, the play would eventually resolve itself in action with the group against the teacher in play.

The form of the play also changed. Rather than a structured plot, the children would decide upon a general theme and begin to play. When pressed to plan the theme, one child said, "Why do we have to plan it? Why can't we just play it?" This type of play is similar to the dramatic play of young children or the improvisations of adults. Dramatic play of this kind requires a high degree of group cohesion and the ability to "ensemble" play. Elements of fantasy began to appear as the children became robots, monsters, ghosts, and Martians. Dreams were played out wherein the murdered would rise from the dead to haunt the living; and where the final resolution would take place in spook heaven where one can sing and dance all day long. The children began to be less constricted, to move about more freely as they danced about the room as sky divers, ghosts, invisible chairs, air, and so forth. Even the group hostility became fantasized as they gradually shifted from expression of physical brutality (as in the gangster-bar themes where "good guys" were beaten up) to symbolic punishment (as in the Martian story where the earthman was punished in a series of symbolic fantasies). The final climax to the third phase came in one wild disruptive session when

the children showed complete defiance. The full anger of their feelings against the untrustworthiness of adults was vented. Surprisingly enough, out of this final explosion came the fourth and final phase.

Phase IV

The last month of the project was given over completely to fantasy material. It was felt that this phase was characterized by acceptance rather than rejection, although the children showed ambivalence between dependence and independence. Themes centering around food were predominate, where one became a variety of inanimate objects and passed from one bodily state to another. Another theme was one in which the children were giants and the teacher was tiny; another was fantasy of moving from inside one place to another, i.e., inside a chicken, to ketchup bottle, to whale, to egg, to tube of toothpast, etc. A related eating theme was the preparation for a party and the elaborate care given to making a "meal" from wet paper towels. A second major theme was the space theme where spacemen "made" monsters, went to wild parties with imaginary girl friends. The form was still dramatic play, but it was much more child-initiated with periodic attempts to exclude the teacher. By this time the children were familiar with the form and needed very little help.

Because of vacation schedules, usually half the group was present. While with most children this would have presented some difficulty, with this group it did not. They were a closely knit group, sharing closely guarded secrets and inner fantasies. Often the classes with two or three children present were the most successful.

Further Observations

It is interesting to note that these children began dramatics by using (1) structured plots (stolen from TV at first; later their own reality -- oriented material) and progressed from there to (2) reality dramatic play to (3) fantasy dramatic play. With most children the procedure is the reverse. They begin with (1) dramatic play and move to (2) structured, well analyzed material (either their own material, or material supplied by the teacher). Most children also begin with (1) fantasy material and move to (2) realistic plots. Most children are ready to accept the teacher's material and efforts to guide the process. The DOCS children rejected both.

The role of the teacher is a difficult one, particularly if this is the first experience one has had in working with these children! It was difficult to know how much help to give the children and when; how to introduce new elements to the story without taking too much initiative or changing the course of action; and most difficult, how to interpret the children's behavior on the spot, as a basis for further action. It often seemed that the children had a preplanned mental idea (rarely verbalized) of how the story should flow. Since they so rarely shared this information (except for the barest details) it was difficult to know whether an action on the teacher's part was helping or hindering them. It often seemed one never knew what was happening until it happened, because the children operated on such a dream-like level, especially in the third and fourth month.

The project, while following rather closely month-by-month into the phases described, hardly followed a linear line of progression. There were many plateaus and regressions. It was difficult to plan material for sessions, for the children clearly used DOCS as a device for playing out their fears, dreams, and fantasies. Though the techniques of the usual creative dramatics experience were changed, the philosophy of creative dramatics remains the same for all children. Namely, to explore the uniqueness of a child and to allow for an avenue of self-expression for that uniqueness.

Preliminary Findings and Conclusions of the DOCS Project

1. The creative dramatics method was effective in increasing communication skills in five of the six children in the project. The sixth child was withdrawn from the project after eight sessions at the insistence of the grandmother.

2. The inarticulate child was able to benefit from a program whose principal aim was the increase of communication skills with only minimal involvement of the parents.

3. The parents themselves were highly accepting of the program and eager for the child to receive this kind of aid from the Child Guidance Center. Even though the complaints often were not principally centered around communication problems, the parents were able to accept this as a goal of treatment.

4. While the teacher of the DOCS Project had the skills of creative dramatics, the lack of clinical knowledge and skills limited her usefulness to the children. When the children became able to express their angry feelings and verbalized them, the content of what they were angry about, at whom they were angry, and how to deal with their anger, etc., was not dealt with. The use of a skilled clinician who can utilize the skill of creative dramatics is indicated.

5. The inarticulate child represents a symptom with many complex underlying etiological factors. These would require individual study dynamically for understanding the etiology leading to this symptom picture.

6. Creative dramatics is a highly effective means of enabling the child to express himself in a group setting. The children became more spontaneous, more free to express their inner thoughts and feelings and fantasies, developed greater fluency, and became increasingly emotionally involved with one another and with the teacher.

7. The effectiveness of the creative dramatics method appears to be related to the high premium placed upon imagination, creativity, and originality.

8. While the learning of social skills was not a primary focus of the DOCS Project, through the interplay of creative dramatics, the children learned to depend upon one another, to assist one another, and to develop meaningful friendships within the group.

Future Directions of the DOCS Project

The original purpose of the Development of Cummunication Skills Project was to use a modification of creative dramatics to enable inarticulate children to more freely express themselves and eventually then become accessible for psychotherapy. Our experience with this project taught us that the children could indeed become more verbal and, in fact, by the kind of fantasies and personal experiences revealed, indicated that the Creative Dramatics technique could be potentially a very valuable therapeutic tool.

Up to this point, we had conceived of the project as only preparing a child for therapy, rather than being a specific therapeutic technique in itself. It was actually to our surprise that we observed directly therapeutic effects that the method had upon the children. Therefore, it is our intention to further explore and exploit this therapeutic method of dramatic play therapy within the clinical setting of the Child Guidance Center, using children not only who have communication difficulties, but also those who can benefit psychotherapeutically from the expression of their inner problems and conflicts.

In the light of our experience with the DOCS Project to date, we planned to use a clinically oriented and trained teacher who will direct and guide the next program of creative dramatics. We hope in this fashion to explore the use of creative dramatics as a therapeutic tool within the clinical setting of the Child Guidance Center. It was observed that the teacher while effective in reaching the child, and enabling the child to express himself, could not effectively deal with the clinical material that was produced.

It may be that creative dramatics will become a unique therapeutic technique as distinct from play therapy, group therapy, individual psychotherapy, and child analysis. We would like to explore questions such as the frequency of meetings, the kinds of children who can benefit from this, the therapeutic use of fantasy material, the relevence to individual psychotherapy, and similar technical problems.

A further intention is to use control groups to specifically try to decide whether the group activity programs traditionally carried out at the Child Guidance Center are inherently different from the technique of creative dramatics as utilized by a group social worker. We will attempt to train one group worker from the Youth Development Center in using this technique with institutionalized children. A group-work consultant from the School of Social Work will join the project this fall.